## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 10/635 017 08/06/2003 John Butler 08203.0005-03 7577

TITLE OF INVENTION: WOUND RETRACTOR

WASHINGTON, DC 20001-4413

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/11/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
RAMANA, ANURADHA		3775	600-208000			
Change of correspondence address or indication of "Fee Address" (37 FR 1.63).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.  Jerse Address "indication (or "Fee Address" Indication form PTO/SB/13) and the Address of the Address and the			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		Farabov	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ATROPOS LIMITED BRAY, CO WICKLOW, IRELAND

Please check the appropriate assignee category or categories (will not be printed on the patent); 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) Applications backers Payment made via EFS-Web at filing.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (6-0)916 (enclose an extra copy of this form). Advance Order - # of Copies \_ 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Typed or printed name Thomas Y. Ho

Date April 23, 2009 Registration No. 61,539

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